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CONFIRMATION NO. 9912

<b>SERIAL NUMBER</b> 10/530,606	<b>FILING OR 371(c) DATE</b> 02/21/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 3612.1001-000	
<b>APPLICANTS</b> Hans G. Boman, Stockholm, SWEDEN; Mats Andersson, Stockholm, SWEDEN; Katrin Putsep, Stockholm, SWEDEN; Goran Carlsson, Stockholm, SWEDEN;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/11240 10/10/2003					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0223655.2 10/10/2002					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/02/2006</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> 21005					
<b>TITLE</b> Method for determining the susceptibility of a subject to infection					
<b>FILING FEE RECEIVED</b> 2930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		